

EXPRESS MAIL NO. EV719390355US

**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

| | |
|----------------------|---------------------------|
| Application Number | 09/486,703 |
| Filing Date | June 27, 2000 |
| First Named Inventor | Ian Ross Doyle |
| Art Unit | 1645 |
| Examiner Name | Patricia Ann Duffy, Ph.D. |
| Attorney Docket No. | 340089.401 |

ENCLOSURES (check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Response | <input type="checkbox"/> Licensing-related Papers | <input checked="" type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Declaration | <input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): |
| <input type="checkbox"/> Information Disclosure Statement and Transmittal | <input type="checkbox"/> Statement under 37 CFR 3.73(b) | _____ |
| <input type="checkbox"/> Cited References | <input type="checkbox"/> Terminal Disclaimer | _____ |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | _____ |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> CD, Number of CD(s) _____ | _____ |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | _____ |

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

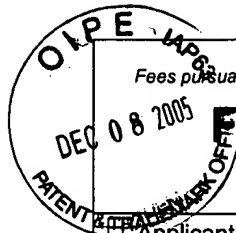
| | | | |
|--------------|---|-----------------|--------|
| Firm Name | Seed Intellectual Property Law Group PLLC | Customer Number | 00500 |
| Signature | | | |
| Printed Name | William T. Christiansen, Ph.D. | | |
| Date | December 8, 2005 | Reg. No. | 44,614 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | |
|-----------------------|--|-------|
| Signature | | |
| Typed or printed name | | Date: |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
C:\NrPortbl\Manage\MONICASA\72744_1.DOC



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete if Known

| | |
|----------------------|---------------------------|
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| First Named Inventor | Ian Ross Doyle |
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☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**1,520****METHOD OF PAYMENT (check all that apply)**

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|----------------------|-----------------|---------------|---------------------------|
| | | | | Fee (\$) |
| <u>24</u> | -20 or HP = <u>0</u> | X _____ = _____ | | <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|---------------------|-----------------|---------------|
| | | | |
| <u>6</u> | -3 or HP = <u>0</u> | X _____ = _____ | |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| | | | | |
| _____ | -100 = _____ | /50 = _____ (round up to a whole number) | x _____ | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal Fee500Three Month Extension of Time Fee1,020**SUBMITTED BY**

| | | | | | |
|-------------------|--------------------------------|-----------------------------------|------------------|-----------|--------------|
| Signature | | Registration No. (Attorney/Agent) | 44,614 | Telephone | 206-622-4900 |
| Name (Print/Type) | William T. Christiansen, Ph.D. | Date | December 8, 2005 | | |